

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 564197

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	1			1			
4	3			1			
5	10			1			
6	8			1			
7	1			1			
8		1			1		
9	2			1			
10	1			1			
11	1			1			
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49							
50							
TOTAL IND.	4		4				
TOTAL DEP.	10	↔	7	↔		↔	
TOTAL CLAIMS	14		11				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							